

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
APPLICANT(S)

FILING DATE

CLAIMS

CLAIM	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIM	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2							52						
3	1						53						
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5	1						55						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						